

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037326

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9491

STATE FILE NUMBER

FILED SEP 26 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Homer G. Phillips

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN

St. Louis

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4240 Enright

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

John Ernest Anderson, Sr.

4. DATE OF DEATH

Month

Day

Year

9 21 63

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

## 7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-6-1885

## 9. AGE (last birthday)

78

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Principal - (retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Public School

## 11. BIRTHPLACE (City and state or country)

Sardis, Mississippi

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Isaac Anderson

## 13b. MOTHER'S MAIDEN NAME

Louise Byrd

## 14. NAME OF HUSBAND OR WIFE

Blanche Anderson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Blanche Anderson 4240 Enright Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Septicemia

INTERVAL BETWEEN  
ONSET AND DEATH  
Undet.

#### DUE TO (b)

Pyelonephritis, Bilateral

#### DUE TO (c)

6000.0

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Brain Syndrome & Generalized Arteriosclerosis

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT - SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-7-63 to 9-21-63 and last saw him alive on 9-21-63  
Death occurred at 6:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

*J. Hittley* (Signature of title)

## 22b. ADDRESS

2601 N. Whittier

## 22c. DATE SIGNED

9-21-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

9-24-63

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Russell Funeral Home 5560 Etzel Ave.

## 25. DATE RECD. BY LOCAL REG.

SEP 23 1963

## 26. REGISTRAR'S SIGNATURE

*Earl Smith* M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.